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Recipient Committee Type or pi			ink.	COVER PAGE	
Campaign Statement		, Fr. 0. Fr		Date Stamp	CALIFORNIA 460
Cover Page	•				2001/02
(Government Code Sections 84200-84216	5.5)			}	FORM
		Statement covers period	Date of election if applicable:	FILEDOCROVMA	₹206 HY of 23
		from 01/01/2006	(Month, Day, Year)	i	
					For Official Use Only
SEE INSTRUCTIONS ON REVERSE		through03/17/2006	06/06/2006		
1. Type of Recipient Committee	: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
X Officeholder, Candidate Controlled			Preelection Statement		
State Candidate Election Comm		Committee	Semi-annual Statement		arterly Statement
O Recall		○ Controlled		¹ ⊟Sp	ecial Odd-Year Report
(Also Complete Part 5)		O Sponsored	☐ Termination Statement	Su	pplemental Preclection
_		(Alan Complete Part 6)	(Also file a Form 410 T	, 54	itement - Attach Form 495
General Purpose Committee			Amendment (Explain b	pelow)	
○ Sponsored		Primarily Formed Candidate/	*		
 Small Contributor Committee 		Officeholder Committee			
O Political Party/Central Committe	e	(Also Complete Part 7)			
3. Committee Information		I.D. NUMBER	Treasurer(s)		
		1261380		,	
COMMITTEE NAME (OR CANDIDATE'S NA	ME IF NO COMMITTE	E)	NAME OF TREASURER		-
Cathryn De Young/DeYoung for	Supervisor		Catherine Madigan MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)					
TIRELI ADDRESS (NO F.O. BOX)			CITY	STATE ZIP	CODE AREA CODE/PHONE
			A		
CITY	STATE ZIP	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY	
			en e		
MAILING ADDRESS (IF DIFFERENT) NO.	AND STREET OR P.O.	BOX	MAILING ADDRESS		
<u></u>			THE PLANT PROBRED		
CITY	STATE ZIP	CODE AREA CODE/PHONE			
GITT	SINIE ZIP	CODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS					
			OPTIONAL: FAX / E-MAIL ADDI	RESS	
949/276-6903					
4. Verification					
i have used all reasonable diligence in p	reparing and review	ing this statement and to the best of my kn	owledge the information contained he	rein and in the attached sche	fules is true and complete. I codify
under penalty of perjury under the laws	of the State of Califor	mia that the foregoing is true and serrect.	4	_	occord and one complete. I certify
3/22/0	26	('6 =	-1		
Executed on		By	speine 1 16	dies	
2/0:0	N		Signature of Treasurer or Assistant	Treescor	
Executed on	<u>Ub</u>	Ву	Ven Vela	_	
Christa .	1	Sangulation	ontrolling Officeholder, Candidate, State Meaders Pro	oponent or Responsible Officer of Sponso	r ·
Executed on		Ву			
Date		,	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	****
Executed on		Ву			
Date			Signature of Controlling Officeholder, Candidate, S	State Messure Proponent	·

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (886/275-3772)
State of California

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Recipient Committee	
Campaign Statement	
Cover Page — Part 2	

COVERP	AGE PART 2
CALIFORNIA FORM	460

Officeholder or Candidate Controlled Committee 6. Primarily Formed Ballot Measure Committee								
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE						
Cathryn DeYoung	·							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND County Supervisor District Number: 5	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION	SUPPORT OPPOSE		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	T) CITY STATE ZIP		Identify the controlling of	liceholder, ca	Indidate, or state measur	e proponent if an		
			NAME OF OFFICEHOLDER, CA					
Related Committees Not included in the not included in this statement that are controlled contributions or make expenditures on behalf of y	by you or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	D. IF ANY		
COMMITTEE NAME	I.D. NUMBER							
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can	didate/Offi) for which th	ceholder Committee is committee is primarily fo	List names of med.		
COMMITTEE ADDRESS STREET ADDRESS (N	O P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE		
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT		
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELI			
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE		
COMMITTEE ADDRESS STREET ADDRESS (N	O P.O. BOX)					U OPPUSE		
CITY STATE	ZIP-CODE AREA CODE/PHONE		Atla	ch continu e t	ion sheets if necessary			

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Campaign Disclosure Statement	Ł
Summary Page	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

		SU	MMARY PAGE
Statem	ent covers period	CALIFORNIA	160
from	01/01/2006	FORM	400
through	03/17/2006	Page 3 o	1_23
		I.D. NUMBER	
		1 7761340	· ·

Cathryn De Young/DeYoung for Supervisor				1261360
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CHENDAMEAN TOTAL TO DATE	Running in Both th	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	400,000.00 403,667.51 6,463.00	\$ 143; 367.55 1,100,000,00 \$ 1,243,367.55 29,916 \$ 1,273,283.55	20. Contributions Received \$	7/1 to Date
Expenditures Made 6. Payments Made Schedule E, Line 4	\$ 366,006.03	s <u>806,473.84</u>	Expenditure Limit ! Candidates	Summary for State
7. Loans Made	0.00 \$ 366,006.03	s 806,473.84		e Expenditures Made* Voluntary Expenditure Limiti
9. Accrued Expenses (Unpaid Bills)		29,916	Dale of Election (mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADE	\$372,469.03	\$ \$36.389.84		\$
Current Cash Statement 12. Beginning Cash Balance	403,667.51 0.00 366,006.03 \$ 250,901.88	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being fled for this calendar year, only	*Amounts in this section r reported in Column B.	nay be different from amounts
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$	carry over the amounts from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 1,100,000.00	ļ	FPPC Toll-Free Helpli	FPPC Form 460 (January)(ne: 866/ASK-FPPC (866/275-37)

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Schedule A Monetary Contributions Received		Amoun	e or print in lnk. ts may be rounded	Statement cov	ers period	SCHEDULE A			
		to	whole dollars.	from01/01/2	CALIFORNIA 460				
SEE INSTRUCTION	DNS ON REVERSE			through03/17/2	006	Page	4	of <u>23</u>	
NAME OF FILER Cathryn De	Young/DeYoung for Supervisor			<u></u>		1.D. N	UMBER 1380		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTERILD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	T T	ELECTION O DATE REQUIRED)	
03/14/2006	Don Brogan	☑IND □COM □OTH □PTY □SCC	Retired	250.00	2	50.00	P 06	650.00	
02/09/2006	Brooks Family Trust/ c/oMary Brooks	□IND □COM ☑OTH □PTY □SCC		150.00	1	50.00	P 06	150.00	
02/12/2006	Stephanie Dorey	MIND COM OTH PTY SCC	Retired Councilmember	150.00	1	50.00	P 06	400.00	
02/12/2006	Melvin Dwight Hamro	☑IND □COM □OTH □PTY □SCC	Retired	150.00	1	50.00	P 06	150.00	
02/12/2006	Lynn Harris-Bicks	⊠IND □COM □OTH □PTY □SCC	Retired Activist	150.00	1	50.00	P 06	150.00	
	No. 10 to 10		SUBTOTAL \$	850.00					
1. Amount re	A Summary sceived this period – Itemized monetary contributions. If Schedule A subtotals.)	*************************	\$	3,300.00	IND-	ributor (Individu - Recipi		ttee	
2. Amount re	ceived this period – unitemized monetary contributions				OTH -	(other - Other Politica	then PTY (e.g., busin LParty	or SCC) ness entity)	
(Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colur	nn A, Line 1.)	TOTAL \$	3,667.51	SCC-	Small (Contributor	Committee	

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Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may	Type or print in ink. mounts may be rounded Statement co to whole dollars. from01/01/ through03/17/			CALIFORNIA 460 FORM 5 of 23		
NAME OF FILER	Tauma (D. Vanna E					J.D. NU		
Cachi yii be i	(oung/DeYoung for Supervisor					1261	380	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE #	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	•	R ELECTION TO DATE REQUIRED)
02/12/2006	William E. Hart	☑ND □COM □OTH □PTY □SCC	Sales Green Hills Software	250.00	25	0.00	P 06	250.00
01/03/2006	Dennis Keough	⊠IND □COM □OTH □PTY □SCC	Court Commissioner Orange Cty Superior Ct.	250.00	25	0.00	P 06	250.00
02/12/2006	Brenda Kineman	⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Emp Visual Mdsr.	100.00	10	0.00	P 06	100.00
01/30/2006	Laguna Hills Estates LLC	□IND □COM 図OTH □PTY □SCC		500.00	50	0.00	P 06	650.00
02/13/2006	M.L. Meintel Construction & Site Dev.	□IND □COM ②OTH □PTY □SCC		150.00	15	0.00	P 06	150.00
			SUBTOTAL	1,250.00				

*Contributor Codes IND - Individual COM-Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

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Kathryn Stovall
- 1. (·
Codes
al ent Committee than PTY or SCC) (e.g., business entity)

Schedule A (Continuation Sheet) Monetary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period			SCHEDULE A (CONT.) CALIFORNIA 460 FORM			
				through <u>03/17/2</u>	006	Page	6_	_ of23		
Cathryn De	Young/DeYoung for Supervisor					I.D. NU 1261	MBER 380			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIOUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED, ENTER NAME OF BUBINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	FAR		ER ELECTION TO DATE F REQUIRED)		
02/12/2006	Ken Wielsen	⊠IND □COM	Self Emp. Fisherman	150.00	1	50.00	P 06	150.00		
		□OTH □PTY □SCC	Sea Ventures LLC							
02/12/2006	Laurel Reid	IXIND □COM □OTH □PTY □SCC	Homemaker	150.00	. 1	50.00	₽ 06	150.00		
01/10/2006	SC Park Associates	□IND □COM 図OTH □PTY □SCC	·	150.00	. 1.	50.00	P 06	400.00		
01/18/2006	Kenneth Stipanov	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney Luce, Forward	300.00	3	00.00.	P 06	300.00		
02/12/2006	Kathryn Stovall-Dennis	IND COM OTH PTY	Artist/Design Woodcrafters Intl	150.00	1	50.00	P 06	150.00		

SUBTOTAL\$

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)

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Schedule A (Continuation Sheet) Monetary Contributions Received			nt in ink. be rounded dollars.	Statement cover	· .	SCHEDULE A (CONT.) CALIFORNIA 460			
				through <u>03/17/2</u>	006 Pa	ge	7 of 23		
NAME OF FILER Cathryn De Y	oung/DeYoung for Supervisor		A Parket			. NUMBE 261380			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)		
02/10/2006	Tracy Weintraub	X ND Apparel Mfr COM OTH Z Dist COM SCC		□COM □OTH Z Dist		150.00	150.00		6 1,050.00
02/12/2006	Donna Wertz	⊠IND □COM □OTH □PTY □SCC	Komemaker	150.00	150.)0 P 0	6 1,050.00		
	· .	□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC		·					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							

SUBTOTAL\$

*Contributor Codes IND - Individual

COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

Schedule B - Part 1

Loans Received

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SCHEDULE B-PART 1

CALIFORNIA

Statement covers period

					from01703	1/2006	FURIVI	
SEE INSTRUCTIONS ON REVERSE					through 03/13	//2006	Page	of23
NAME OF FILER	-						I.D. NUMBER	
Cathryn De Young/DeYoung for Superviso	or				·		1261380	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER MAME OF BUISNESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(e) AMOUNT PAIL OR FORGIVE THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Cathryn DeYoung	City Council Member	TEMOS		PAID	PERIOD	- CAIOS	LONG	
	City of Laguna Niguel	700,000.00	0.00	50.00	- 5	% RATE 0.00	\$ 700,000.00	\$ 106,288.00 PER ELECTION** P06 1,129,356.00
TEN IND □ COM □ OTH □ PTY □ SCC		1	\$	\$	DATE DUE	\$	06/30/2005 DATE INCURRED	\$
Cathryn DeYoung	City Council Member				DATE DOE	 	UATE INCURRED	
	City of Laguna Niguel			PAID 0.00 FORGIVEN	\$ 400,000.00		\$ 400,000.00	CALENDAR YEAR 4 406,288.00 PER ELECTION **
TE IND COM OTH PTY SCC	·	\$	\$	\$	DATE DUE	\$	02/26/2006 DATE INCURRED	P06 1,129,356.00
	}			PAID				CALENDAR YEAR
				5 FORGIVEN	S	RATE	\$	PER BLECTION**
† IND COM OTH PTY SCC		1	\$	8	DATE DUE	s	DATE INCURRED	1
		SUBTOTALS \$	400,000.00	0.0	0 \$ 1,100,000.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period	# # # # # # # # # # # # # # # # # # #	••••••••••		\$	400,000.00			
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10) (Include loans paid by a third party tha	0 paid or forgiven.)			······\$ <u> </u>	9.00	IN CO	ontributor Codes D — individual DM — Recipient Cr (other than FH — Other (e.g., Y — Political Part	immlittee PTY or SCC) business entity)
3. Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)y Page, Column A, Line 2.	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••	NET \$	400,000.00 May be a negative number)		CC - Small Contril	
*Amounts forgiven or paid by another party also ** If required.	must be reported on Schedule A.						FPPC Form	480 (January/05)
		-			FPPC	Toll-Free Helplin	ne: 866/ASK-FPF	C (866/275-3772)

Type or print in ink, Amounts may be rounded to whole dollars.

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Schedule C		
Nonmonetary Conf	tributions	Received

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULEC
Statement covers period	CALIFORNIA 460
from 01/01/2006	FORM 400
through <u>03/17/2006</u>	Page _9 of23
	I.D. NUMBER
	1261380

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cathryn De Young/DeYoung for Supervisor

CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ FULL NAME, STREET ADDRESS AND PER ELECTION CONTRIBUTOR DESCRIPTION OF DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE ZIP CODE OF CONTRIBUTOR CODE * **GOODS OR SERVICES** CALENDAR YEAR RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) (IF COMMITTEE, ALSO ENTER LD. NUMBER) NAME OF BUSINESS) (JAN 1 - DEC 31) 02/13/2006 Cathryn DeYoung City Council Member File Cabinet |XIND 300.00 406,288.00 P 06 1,129,356.00 COM City of Laguna Niquel **□OTH** □PTY SCC 03/16/2006 Cathryn DeYoung City Council Member Office space/rent 5,988.00 X IND 406.288.00 P 06 1, 129, 356.00 ПСОМ City of Laguna Niquel **□OTH** □PTY □SCC 02/12/2006 Lori Donchak Fundraising **☑IND** Planning Commissioner 150.00 P 06 150.00 400.00 Expense **□COM** San Clemente Потн **□PTY** SCC **□СОМ □отн** □PTY ☐ SCC

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

438.00

Schedule C Summary

- 1. Amount received this period itemized nonmonetary contributions.

 (Include all Schedule C subtotals.) \$ 6,439.00

 2. Amount received this period unitemized nonmonetary contributions of less than \$100 \$ 25.00

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 856/ASK-FPPC (856/275-3772)

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SEE INSTRUCTIONS ON REVERSE					usgih 03/	17/2006	Pana	10	of 23
NAME OF FILER				l			I.D. N	UMBER	
Cathryn De Young/DeYoung for Supervisor									
CODES: If one of the following codes accurately describe	s the payment, y	ou may er	ter the code. Of	therwise, d	escribe t	ne payment.			
MP campaign paraphemalia/misc.	MBR memberco	mmunications				ne and production	n costs		
NS campaign consultants	MTG meetings a		es	RFD	returned of	ontributions			
CTB contribution (explain nonmonétary)*	OFC office expe					workers' salarie			
CVC civic donations FIL candidate filing/ballot fees	PET petition circ			TEL	1.v. or cab	le airtime and pr	oduction co	osts	
ND fundraising events	PHO phone bank POL polling and	ks survey resea	rah	IKC	candidate	travel, lodging, a	nd meals	(-	
VD independent expenditure supporting/opposing others (explain)*			essenger services	TSF	stan/spou	se travel, lodging etween committe	, and mea	!S	
EG legal defense			gal, accounting)		voter regi		es or me s	same car	widete/sponso
IT campaign literature and mailings	PRT print ads	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gai, accounting)			n technology cos	its (internet	l. e-mail)	
NAME AND ADDRESS OF PAYEE (FCOMMITTEE ALSO ENTER LD. NUMBER) 12th Man Football Club/Kelly Alturarra		CODE	OR Banner cost 2	DESCRIPTION CEDUCATION	N OF PAYME	NT		^	-300.00
Aliso Niguel News		PRT					<u>-</u>		700.00
Aliso Niguel News		PRT							700.00
Payments that are contributions or independent expenditures	must also be sum	marized on	Schedule D.			s	UBTOTAL	L\$	1,100.00
Schedule E Summary							<u></u>	F 1	
Itemized payments made this period. (Include all Schedule	E subtotals.)	••••	*******		*******		.	36	5,725.28
2. Unitemized payments made this period of under \$100							•		280.75
 Total interest paid this period on loans. (Enter amount from 	Schedule B. Par	t 1 Column	(e))				e		0.00

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Schedule 1	E
(Continuat	ion Sheet)
Payments	Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

			•
Statement covers period		CALIFORNIA	460
om01/	01/2006	FORM	400
rough 03/	17/2006	Page 11	of <u>23</u>
		I.D. NUMBER	

SCHEDULE E (CONT.)

Cat	hryn De Young/DeYoung for Supervisor		*		1261360
COL	DES: If one of the following codes accurately describes	the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL.	poiling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TŞF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
ЦΤ	campaign literature and mailings	PRT	print ads	WEB	Information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Club for Growth	LIT			2,500.00
Carbonara Trattoria Italiana	FND			800.00
City of Laguna Niguel		Со	pies of city documents	799.80
Civic Research	bor			17,500.00
Comp USA	OPC			220.83
* Payments that are contributions or independent expenditures must also be summarize	d on Schedule	<u></u> D.	SUBTOTAL	\$ 21,820.63

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Schedule E
(Continuation Sheet)
Payments Made

CMP campaign paraphemalia/misc.

campaign consultants

CVC civic donations

contribution (explain nonmonetary)*

CTB

Type or print in ink.

Amounts may be rounded to whole dollars.

MBR member communications

office expenses

petition circulating

MTG meetings and appearances

		SCHEDULE E (CONT.)
State	ment covers period	CALIFORNIA ACO
from	01/01/2006	FORM 400
through.	03/17/2006	Page 12 of 23
		I.D. NUMBER
		1261380

RAD radio airtime and production costs

t.v. or cable airlime and production costs

RFD returned contributions

SAL campaign workers' salaries

SEE INSTRUCTIONS ON REVERSE NAME OF FILER	through 03/17
Cathryn De Young/DeYoung for Supervisor	

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

FIL PND ND LEG LIT	candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	PHO POL POS PRO PRT	postage, deli	survey research very and messe services (legal,	enger services	TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meal transfer between committees of the staff word voter registration unformation technology costs (internet		same candidate/sponsor	
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALGO ENTER I.D. NIJMBER)			CODE OR	DES	CRIPTIO	N OF PAYMENT	AMOUNT PAID	
Cox	Communications		·	MEB				370.90	
Des	Snoo & DeSnoo			OFC				50.64	
Des	Snoo & DeSnoo	,		CNS				5.000.00	
	ash Report			WEB				1,500.00	
Po	rde & Mollrich			CN6				37,500.00	
* Pa	yments that are contributions or independent expenditures must a	iso be s	ummarized on	Schedule D.			SUBTOTAL \$	44,421.54	

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DeYoung

for

Supervisor

SCHEDULE E (CONT.)

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

Cathryn De Young/DeYoung for Supervisor

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNIA 160				
from	01/01/2006	FORM 400				
through_	03/17/2006	Page 13 of 23				
		I.D. NUMBER				
		1261380				

COD	ES: If one of the following codes accurately describes	the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphemalla/misc.	MBR	member communications	RAD	radio airlime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponso
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
ш	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALCO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Forde & Mollrich	LIT		119,987.37
Greenstripe Media	TEL		98,670.00
James V. Lacy, Attorney		Net File Serv (460 Filing Program); Postage	307.90
James V. Lacy, Attorney	PRO	,	2,000.00
Jan Rojas	SAL		5,505.00
* Payments that are contributions or independent expenditures must also be sum	marized on Schedule D.	SUBTO	TAL \$ 226,470.27

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Schedule E (Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period from 01/01/2006	CALIFOR FORM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through 03/17/2006	Page	14 of 23
Cathryn De Young/DeYoung for Supervisor					1.D. NUMBE	
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member commedings and office expen petition circul PHO phone banks POL polling and s postage, deli	munications of appearance ses ating urvey researe very and me	s	RAD radio airtime and product RFD returned contributions SAL campaign workers' salar It.v. or cable airtime and pTRC candidate travel, lodging, Staff/spouse travel, lodging TSF transfer between commit voter registration WEB information technology careful information technology c	ion costs les production costs and meals ng, and meals tees of the same	-
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Majestic Valet		FND				3,490.41
	•					
Non-Partisan Candidate Evaluation Council Inc.		LIT		•		2,500.00
Orange County Firefighters Voter Guide				A STATE OF THE STA		<u>, , , , , , , , , , , , , , , , , , , </u>
		LIT				2,500.00
PC Trade		OFC				1,365.61
* Payments that are contributions or Independent expenditures must also	o be summarized on	Schedule D.			SURTOTAL \$	10 081 03

Schedule E

Supervisor

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SCHEDULE E (CONT.)

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(Continuation Sheet) Payments Made rype or pr Amounts may to whole				Statement covers period from 01/01/2006	CALIFOF FORM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	· · · · · · · · · · · · · · · · · · ·			through03/17/2006	Page15 of23	
Cathryn De Young/DeYoung for Supervisor					I.D. NUMBE	R
					1261380	
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundaming events independent expenditure supporting/opposing others (explain)* legal defense LEG campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, dell	munication: 1 appearan ses lating urvey rese very and n	S Cés	RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and procured travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration linformation technology costs	costs duction costs d meals and meals s of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	QR DE	SCRIPTION OF PAYMENT		AMOUNT PAID
Ray Gennawey		SAL	·			414.00
Registrar of Voters		FIL				813.59
Registrar of Voters		PIL				8,517.00
Republican Party of Orange County		MBR				200.00
Rheem Media	99988	PRO				4,500.00
* Payments that are contributions or independent expenditures must als	so be summarized on :	Schedule C),	SU	BTOTAL \$	14,444.59
					EDDC C	44441

Type or print in ink.

Schedule E

(Continuation Sheet)
Payments Made

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2006

12:25PM

DeYoung

for or

Supervisor

SCHEDULE E (CONT.)

CALIFORNIA FORM

Statement covers period

01/01/2006

SEE INSTRUCTIONS ON REVERSE			throu	gh 03/17/2006	Page	16 of 23
IAME OF FILER					I.D. NUMB	ER
Cathryn De Young/DeYoung for Supervisor					126138	10
CODES: If one of the following codes accurately describes the payment, you may enter the code. Of campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FLT candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* IEG legal defense LT campaign literature and mailings MBR member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads				describe the pay radio airlime and pro returned contribution campaign workers' st.v. or cable airlime a candidate travel, lodg staff/spouse travel, lot transfer between corvoter registration information technological.	duction costs as alaries and production cost ging, and meals odging, and meals mmittees of the sar	ne candidale/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DE	SCRIPTIO	OF PAYMENT		AMOUNT PAID
Rutan & Tucker	PRO					10,000.00
SDGE	orc					210.99
Sater Secretarial Service	SAL					228.80
Save Proposition 13	LIT					2,500.00
South County Printing	FND				-	1,274.61
* Payments that are contributions or independent expenditures must also be summarized on	Schedule D.				SUBTOTAL	14,214.40
	;			FPPC Toll-Free	FPPC F	orm 480 (January/05 FPPC (866/275-3772

Type or print in ink.
Amounts may be rounded

to whole dollars.

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2006

12:25PM

DeYoung

for

Supervisor

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* Payments that are contributions or independent expenditures must als	o be summarized on	Schedule D.				SUBTOTAL \$	25,572.71
USPS-Mission Viejo		Pos					2,000.00
Trans Pacific Association		SAL					22,500.00
		OPC					39.54
Trans Pacific Association	•		***************************************				
Staples		OPC					840.70
Sprint		OFC					192.47
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE C	PR	DESCRIPTIONO	F PAYMENT	·	AMOUNT PAID
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and a POS postage, deli	munications d appearance ses lating urvey researd very and mes	3	RAD rail RFD rei SAL ca TEL t.v TRC ca TRS str TSF tra VOT vo	escribe the paymen dio airlime and production turned contributions impaign workers' salaries or cable airlime and prindidate travel, lodging, a affispouse travel, lodging, insfer between committed ter registration formation technology cos	on costs roduction costs and meals g, and meals ees of the same	
NAME OF FILER Cathryn De Young/DeYoung for Supervisor						I.D. NUMBEI 1261380	
SEE INSTRUCTIONS ON REVERSE				through	03/17/2006	Page	17 of 23
(Continuation Sheet) Payments Made	Amounts may be	Type or print in ink. nounts may be rounded to whole dollars.			ment covers period	CALIFOR	INIA 460
Schedule E	7 -	i- 1-1.				SC	HEDULE E (CONT.)

Schedule E

(Continuation Sheet)
Payments Made

Supervisor

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SCHEDULE E (CONT.)

CALIFORNIA FORM

Statement covers period

01/01/2006

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SEE INSTRUCTIONS ON REVERSE	-	through 03/17/2006	Page 18	of <u>23</u>
Cathryn De Young/DeYoung for Supervisor			I.D. NUMBER	
			1261380	
campaign consultants contribution (explain nonmonetary)* CVC civic donations FET petition of processing events independent expenditure supporting/opposing others (explain)* EG legal defense FRO profession of the procession of	communications s and appearances spenses circulating anks nd survey research delivery and messenger services const services (legal, accounting)	RAD radio airtime and production RFD returned contributions campaign workers salaries t.v. or cable airtime and production TRC candidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration webs	costs duction costs d meals and meals s of the same ca	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DE	SCRIPTION OF PAYMENT	A	MOUNT PAID
Verizon	OFC	·		441.12
Voter Information Guide - ID593-003	LIT			5,985.00
Zaid Hamid Photography				
	LIT			1,174.00
·				
Payments that are contributions or independent expenditures must also be summarized	l on Schedule D.	SU	BTOTAL \$	7,600.12
		FPPC Toll-Free Helpline	FPPC Form 4 e: 866/ASK-FPPC	60 (January/05)

Type or print in ink.
Amounts may be rounded
to whole dollars.

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	FPPC Form 460 (January/05)	
Toll-Free He	Ipline: 866/ASK-FPPC (866/275-3772)	
	•	

candidate travel, lodging, and meals

voter registration

FPPC

staff/spouse travel, lodging, and meals

WEB information technology costs (internet, e-mail)

transfer between committees of the same candidate/sponsor

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 01/01/2005	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 03/17/2006	Page 19 of 23
NAME OF FILER			I.D. NUMBER
Cathryn De Young/DeYoung for Supervisor			1261380
NAME OF AGENT OR INDEPENDENT CONTRACTOR Forde & Mollrich			
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CNS campaign consultants	MBR member communications	RAD radio airtime and production	
CTB contribution (explain nonmonetary)* CVC civic donations	MTG meetings and appearances OFC office expenses PET petition circulating	RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro	

PHO

POL

PRT

phone banks

print ads

polling and survey research

postage, delivery and messenger services

professional services (legal, accounting)

independent expenditure supporting/opposing others (explain)*

candidate filing/ballot fees

campaign (terature and mailings)

fundraising events

legal defense

ND

LEG

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AMS Resources	LIT		23,631.71
AMS Resources	LIT		8,540.41
			0,510.11
Bransky Personnel	LIT		1,337.41
Bryant Communications	LIT		2,500.00
	1		
ttach additional information on appropriately labeled continuation s	heets		TOTAL* \$ 36,209.53

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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Pixel8Media

Schedule G	7 1.			ecusous co
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amou	pe or print in ink, inta may be rounded o whole dollars.	Statement covers from01/01/3	CALIFORNIA
SEE INSTRUCTIONS ON REVERSE			through 03/17/3	2006 Page 20 of 23
NAME OF FILER Cathryn De Young/DeYoung for Supervisor			<u> </u>	I.D. NUMBER 1261380
NAME OF AGENT OR INDEPENDENT CONTRACTOR Forde & Mollrich				
CODES: If one of the following codes accurately describe	es the payment	, you may enter the	code. Otherwise, describe the	e pavment
CMP campaign paraphernalia/misc. CMS campaign consultants CMS contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or Independent expenditures must also	MBR member of meetings of office exp PET petition cir PHO phone bar POL polling and PCS postage, of profession PRT print ads	ommunications and appearances enses culating iks d survey research delivery and messenger s al services (legal, accou	RAD radio airtime and returned contribu SAL campaign worke TEL t.v. or cable airtime TRC candidate travel, TRS staff/spouse travel, services TSF transfer between thing) VOT voter registration	d production costs utions ers' salaries me and production costs lodging, and meals rel, lodging, and meals or committees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kenny the Printer		LIT		1,139.56
Kenny the Printer		LIT		13,463.67
Pixel6Media	· · · · · · · · · · · · · · · · · · ·	LIT		1 500 00

LIT

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 16,778.23

1,500.00

675.00

^{*} Do not transfer to any other schedule or to the Summery Page. This total may not equal the amount paid to the agent or Independent contractor as reported on Schedule E.

23

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amou	oe or print in ink. nts may be rounded whole dollars.	State from	ement covers period	CALIFOR FORM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILED Cathryn De Young/DeYoung for Supervisor	* - * * * * * *		through	03/17/2006	Page	21 of23
NAME OF AGENT OR INDEPENDENT CONTRACTOR Porde & Mollrich CODES: If one of the following codes accurately describ	es the payment,	you may enter the code	e. Otherwise, d	escribe the paymen	t.	<u> </u>
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CMS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member of meetings a OFC office experience of petition circle. PHO phone ban POL polling and postage, d	mmunications and appearances enses xulating	RAD radii RFD retu SAL cam TEL I.v. TRC can TRS staf s TSF tran VOT vote	escribe the paymen in airlime and production urned contributions in palgin workers' salaries or cable airlime and production are travel, lodging, and the production of the payment of the	costs fuction costs d meals and meals s of the same of	•
* Payments that are contributions or independent expenditures must also	so be summarized o	n Schedule D.			- freedoment martin	,
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF	PAYMENT	T	AMOUNT PAID

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data	LIT		1,180.3
Political Data	LIT		567.3
	·		
Political Data	LIT		
			791,3
Sigma Data Services	LIT		850.00
ttach additional information on appropriately labeled continuation	sheets.		TOTAL* \$ 3,389.07

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amou	pe or print in nts may be o whole dolla	rounded	froi	Statement covers period m01/01/2006 pugh03/17/2006	CALIFO FOR	M 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					Jugit	Page	22 of
Cathryn De Young/DeYoung for Supervisor						1.D. NUMBE 126138	
NAME OF AGENT OR INDEPENDENT CONTRACTOR Fords & Mollrich							
CODES: If one of the following codes accurately describe	s the payment.	you may	enter the code.	Otherwise	describe the navmen	ıt .	
CMP campaign paraphernalla/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Psyments that are contributions or independent expenditures must also	MBR member comeetings a office expored petition circle. PHO phone ban POL polling and postage, deproperation print ads	mmunication and appeara enses culating ks I survey resi elivery and al services (ns nces earch messenger services legal, accounting)	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration	costs duction costs d meals and meals s of the same	•
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	NOF PAYMENT		AMOUNT PAID
Sigma Data Services		LIT					1,000.00
							÷
Sigma Data Services		LIT					750.00
	-						

Sigma Data Services	LIT	750.00
		755.55
	·	
<u> </u>		
USPS-Paramount	P08	20,498.90
USPS-Paramount	POS	14,381.92
	•	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

36,630.82

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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Schedule G Payments Made by an Agent or Independent	Type or print in ink. Amounts may be rounded to whole dollars.		a d	Statement covers period CALLEGE COLLEGE			
Contractor (on Behalf of This Committee)				from 01/01/2006		california 460	
EE INSTRUCTIONS ON REVERSE				through 03/	17/2006	Page 23	3 of <u>23</u>
AME OF FILER Cathryn De Young/DeYoung for Supervisor					1.D. NUMBER 1261380		
AME OF AGENT OR INDEPENDENT CONTRACTOR Forde & Mollrich						<u> </u>	
CODES: If one of the following codes accurately descri	bes the paymen	it, you may ente	er the code. Ot	herwise, describe	the payment.		
CAMP campaign paraphernalia/misc. CAMP campaign consultants CAMP contribution (explain nonmonetary)* CAMP contribution (explain nonmonetary)* CAMP civic donations CAMP campaign consultants CAMP civic donations CAMP campaign feed nonmonetary)* CAMP civic donations CAMP campaign feed nonmonetary)* CAMP contributions CAMP campaign contributions CAMP contributions CAMP campaign campaign feed nonmonetary)* CAMP contributions CAMP campaign campaign consultants CAMP campaign campaign feed nonmonetary)* CAMP contributions CAMP campaign paraphernalia/misc. CAMP campaign consultants CAMP contributions CAMP campaign consultants CAMP campaign consultants CAMP campaign consultants CAMP campaign consultants CAMP contribution feed campaign consultants CAMP campaign consultan	MTG meetings OFC office ex PET petition of PHO phone bate POL polling ar POS postage, PRO profession PRT print ads	irculating inks nd survey research delivery and messe nal services (legal,	enger services accounting)	RAD radio airtime and production costs RED returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/spons VOT voter registration WEB information technology costs (internet, e-mail)			
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DES	CRIPTION OF PAYMENT			AMOUNT PAID
USPS-Santa Ana		LIT					11,879.05
					,		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

11,879.05

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount peid to the agent or independent contractor as reported on Schedule E.